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Navy & Marine Corps Medical News  
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The Navy Bureau of Medicine and Surgery distributes Navy and Marine Corps Medical News (MEDNEWS) to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families.

MEDNEWS is a weekly compendium of news and information contributed by commands throughout the Navy Medical department. Information contained in MEDNEWS stories is not necessarily endorsed by BUMED, nor should it be considered official Navy policy.

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Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

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Headline: LASER surgery keeps pilots flying

By JO3 Brad Pulley, USS Abraham Lincoln (CVS 72)

ABOARD USS ABRAHAM LINCOLN (CVN 72) AT SEA -- For most USS Abraham Lincoln (CVN 72) Sailors May 17 was a day like any other. But for Lt. Cmdr. Kevin Mannix, an F/A-18 Hornet pilot for VFA-25 on board Abe, the day was very special.

Mannix became the first pilot with laser corrected vision to land his plane aboard an aircraft carrier. Vision is a major player in Sailors' day to day lives on board Abe, and no one knows that more than the Navy's fighter pilots.

Their vision is the most important sense they have, and for some of our most skilled pilots, that sense is degrading fast. For years, Mannix has been plagued with deteriorating vision, having to wear different pairs of eyeglasses for different purposes. That was the case until just six weeks ago. That was when Mannix received LASER corrective eye surgery.

"My vision was normally around 20/100, but by the time I got the surgery, I was at about 20/200," Mannix said. "Six weeks later, my vision is better than perfect at 20/12. The requirement to get the surgery done is to have vision worse than 20/50, so I more than qualified."

Following the three-hour-plus exam, doctors concluded that Mannix could go ahead with the surgery.

"The hardest part about the whole thing was the exam. It seemed like it lasted forever," Mannix said. "The actual surgery itself lasted about 20 minutes."

The doctor who performed the procedure for Mannix is Lt. Cmdr. David Tanzer, MC, an optical specialist and refractive surgeon at Navy Medical Center, San Diego.

"What I basically do is sit the patient down, and we go through it all," said Tanzer. "I run a slew of different tests on the patients, looking at every possible problem they have with their eyes, and then we base the surgery on the results."

One thing that all service members need to know is that this treatment is available to all active-duty personnel.

"There's a waiting list," Tanzer said. "Depending on your job, you could wait anywhere from three months to three years before receiving the surgery. However, if you can wait, it could save you about \$5,000 in all or about \$2,500 per eye."

Mannix said that he wished everyone could have the procedure performed. "I'm ecstatic about the results," he said. "I'm seeing things that I've never seen before, and it's amazing. Contrast and definition are enhanced; my peripheral vision is perfect. It almost seems like my sight is unlimited."

The only real problem with the whole process, according to Mannix, is he had 30 days of down time before he was able to fly again.

"Being able to come in and trap on the flight deck again was a great feeling," Mannix said. "It's been a while since I've been able to do that, and I think I did pretty well."

Mannix also has an acquaintance in the world of corrective surgery. Capt. Douglas Dupouy, commanding officer of Abraham Lincoln, has also received the treatment. In fact, Dupouy was the patient directly after Mannix. Now that some of the Navy's finest pilots are receiving such treatment, it's possible for the Navy to retain their time and experience in the cockpit, right where it belongs.

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Headline: Training keeps Fleet Hospital Five ready  
By JO2 Michael Howlett, Naval Hospital Bremerton

BREMERTON, Wash. -- Fleet Hospital Five at Bremerton, Wash., is ready and standing by as proven by a recent training evolution at Marine Corps Base Camp Pendleton, Calif., which

included patient care, chemical and biological warfare training and field hospital construction.

The training period that ended May 27 at the Fleet Hospital Operations Training Center had the hospital staff building a fleet hospital from TEMPER, a durable lightweight material that allows for quick assembly and disassembly; learning the medical details of preparation for chemical and biological warfare; and practicing transport and triage of wounded personnel.

"It was an outstanding job. We saw real teamwork," said Hospital Corpsman 2nd Class William Davis, a Fleet Hospital Operations Training Center instructor.

Fleet Hospital Five's Sailors demonstrated why they are the highest rated fleet hospital in the Navy. The all-day evolution was completely finished by 1:30 p.m., including a break for lunch. The Fleet Hospital Operations Training Command staff conducting the training exercise was highly impressed with the speedy performance.

Before leaving Bremerton, Cmdr. Michael Anderson, MC, the detachment's commanding officer said, "The most important point is to have fun. We are going to work hard and be running all day long, but we are going to have a great time."

The training staff gave demonstrations on how to properly load and unload patients from the different types of vehicles, and then students practiced that procedure, among other training classes.

A full-scale casualty exercise using Marines as simulated patients capped the fleet hospital's learning experience and tested its readiness as medical teams worked through air raids, gas attacks and terrorist threats.

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Headline: TRICARE crime buster protecting the military's health insurance benefits

By Lt. Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, ILL. -- TRICARE is the Department of Defense Health Program that insures 8.4 million people worldwide with an annual \$15.7 billion budget. The program is one of the largest health maintenance organizations in the United States today with 1,980 hospitals in the TRICARE network and 113,000 doctors and health care providers participating in the program.

With a health care program that large, it is inevitable that TRICARE experiences fraud claims. Some are bold and ridiculous, but nevertheless when they occur it means higher costs to care for Sailors, Marines, retirees and families.

Cindy Gonsalves and Judy Russell along with the team of investigators of the TRICARE Management Activity in Aurora, Col., are at the front lines of the battle against TRICARE fraud. Gonsalves, addressing students of the TRICARE Basic Course, stressed the importance of reporting fraud in the TRICARE system.

Some examples of unscrupulous claims are amazing: A doctor filed a claim for circumcising a baby girl; a doctor was billing beneficiaries for costs two and three times to the tune of

\$50,000. An overseas hospital billed for a male hysterectomy. TRICARE also received bills from deceased patients, physicians who had been on vacation during care date, and one physician submitted a bill for the same procedure from two different states.

More tricks of the illegal trade include:

- Billing for service not provided or billing a patient for a missed appointment.
- Billing for more services in a 24-hour period than is possible to perform.
- Billing for services provided by a military doctor that is free to beneficiaries.
- Misrepresenting the diagnosis, or putting a more expensive code to inflate the bill
- Unscrupulous ambulance services have been caught billing for services not rendered, inflating mileage, billing for a round-trip versus the actual point of destination, billing for an advanced cardiac life support vehicle when it was actually a basic cardiac life support vehicle.

In the world of medical equipment, some shady dealers' bill TRICARE for new equipment when it is old, bill after the death of a patient or when equipment is returned and even falsify a physician's order.

By getting a Sailor or Marine to read their TRICARE Explanation of Benefits and questioning services that seem not to make sense is the first step in combating fraud. If you feel you are the victim of TRICARE fraud visit your TRICARE Service Center at your military treatment facility.

They can assist you in starting an investigation that will put some of these characters behind bars and recoup the money lost. Remember, the millions of dollars saved are used to provide healthcare for us all.

We all own TRICARE, and it is a system that allows us to serve overseas and rest easily knowing our families have quality care.

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Headline: Yokosuka opens new baby clinic

By Bill Doughty, U. S. Naval Hospital Yokosuka

YOKOSUKA, Japan -- With the opening of USNH Yokosuka's new after delivery care clinic, some moms in Yokosuka now have the option of delivering their baby and leaving the hospital within 24 hours!

The new clinic opened in Yokosuka's Primary Care Clinic June 1st with a ribbon-cutting ceremony and certificate presentation to the first customers of the new service: mom SM1(SW) Dawn Demarcos and her baby Chloe.

"I think it's great because I feel more comfortable at home than I do in the hospital," said Petty Officer Demarcos, "There's a lot of hustle and bustle at the hospital. If I'm home with the baby then she can get my attention. Plus my little boy, he can have me there. We can all be together."

According to Lt. Cmdr. Lauren Rodier, Women's Health Nurse Practitioner and one of the principle architects of the new

clinic, "This clinic will allow non-first-time moms who had uncomplicated pregnancies and deliveries the option of an early discharge."

Moms and babies who meet the criteria will be able to leave 24 hours after childbirth, in some cases even 12 hours after delivery.

"A Registered Nurse will assess mother and infant recovery from birth and assist with some of the emotional adaptations to birth and parenthood," said Rodier.

At the clinic, the baby will be weighed, tests will be administered and mom will be given assistance in starting breastfeeding.

Mom will be asked to return with her baby for a follow up appointment in the postpartum clinic within 72 hours after being discharged from the hospital.

Demarcos said she was glad to be a pioneer for the service and has some advice for the moms who will be having their babies at USNH.

"I would tell them that the doctors at Yokosuka Naval Hospital are definitely going to take care of you. I was worried about the service and just being in another country, if they're going to have the same things as they do in the States, but they definitely have it all. Everyone, from the hospital corpsmen to the doctors was so nice and just so helpful," Demarco said.

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Headline: Anthrax question and answer  
From Bureau of Medicine and Surgery

Question: What is this Force Health Protection program you talk about?

Answer: DoD's Force Health Protection program includes a wide array of preventive, surveillance, and clinical efforts to ensure the health and safety of service members against the many threats present in the modern military environment. In the past, military medical services emphasized interventions after casualties had already occurred. Today, we focus on services to prevent casualties. Force Health Protection includes efforts to prevent infectious diseases, as well as reduce the consequences of risk factors like heat, sand, high-intensity or prolonged work, psychological stress, thermal load, environmental chemicals, pollutants, dehydration, non-ionizing radiation, and others.

Unit leadership is another important part of Force Health Protection, because morale and unit cohesion are important contributors to service members' health and well-being. Groups of service members help each other deal with the effects on the body and the mind resulting from both traumatic events and routine life events (e.g., marital, family, and cultural issues).

For more information visit the Navy medical anthrax website at <http://www-nehc.med.navy.mil/prevmed/epi/anthrax> or the DOD anthrax website at <http://www.anthrax.osd.mil>.

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Headline: Packing your student off to college? TRICARE goes too  
From TRICARE Management Activity

WASHINGTON -- When it is time for your child to go to college, you face many decisions as a family. Continued health care coverage may be one of them.

Your TRICARE eligible dependent can continue to be covered until he or she is age 23 as long as he/she is attending school full-time; but, you will want to look at which TRICARE option will work best for him or her. If you have been using Prime for your family, this may or may not be the best choice for your college-bound son or daughter, depending on his/her health care needs and location. A health benefits adviser at your local military treatment facility (MTF), or a TRICARE service center (TSC) representative can help you determine your best option. To reach a TSC, call the toll-free telephone number for TRICARE in your region.

If your student's college or university is located in an area where TRICARE Prime is offered, he/she can continue Prime coverage.

Your TRICARE Prime benefit is portable, and enrollment can be transferred from one location to another. To transfer your child's enrollment, or to change his/her enrollment information in TRICARE Prime, you must complete and sign an enrollment application or change request form and send it to the managed care support contractor in the new region.

It is not necessary to have all family members enrolled in the same region. Your student may transfer his/her enrollment to a different region if he/she is attending college there.

If your retiree family enrollment fees are current, you do not pay any additional fees when your child transfers his/her enrollment to another location.

If you are active duty, your student can transfer the enrollment as often as necessary.

If you are not active duty, your Prime-enrolled student is allowed two transfers per year between TRICARE regions if the second transfer is back to the region of original enrollment.

Your child has continuous TRICARE Prime coverage while traveling from one region to another where Prime is available. We recommend he/she stay enrolled in your home region until he/she arrives in the new location. The transfer is effective the date the transfer request is received in the new region.

If you are active duty, your student's enrollment in TRICARE Prime will be automatically renewed at the end of the one-year enrollment period unless you decline the renewal offer. Eligible retirees must pay their enrollment fees for coverage to continue uninterrupted.

If you must disenroll from TRICARE because of a move, you are not locked out of TRICARE enrollment.

If you disenroll the family for any other reason, there is a one-year lockout before you can re-enroll. To keep your student enrolled, renew his/her enrollment and pay applicable fees when they are due. Be sure his/her eligibility information in the Defense Enrollment Eligibility Reporting System (DEERS) is

current.

If your student is moving to an area where TRICARE Prime is not available, you may consider disenrolling him/her from Prime, and his/her benefit status will revert to TRICARE Standard/Extra. He/she will remain locked out of Prime for one year.

If you don't disenroll the student from Prime immediately, and he/she seeks non-emergency civilian care without an authorization, you will pay higher costs under the point-of-service option. This means you pay an annual \$300 deductible for one person for inpatient or outpatient care before cost sharing begins. After the deductible is satisfied, TRICARE contractors will pay only 50 percent of the allowable charges for covered care, instead of the 75-80 percent they would pay under TRICARE Standard.

You may want to consider a TRICARE supplement or student health insurance if your student's school offers it. TRICARE will be second payer on medical bills that are not fully covered.

While the basic TRICARE benefit is the same throughout the world, there may be some differences in business practices (i.e., authorization, referral rules) used by the managed care support contractor in your student's new region. A health benefits adviser at the local MTF where the student becomes enrolled, or the local TRICARE service center can help your student with any questions that might arise. Be sure your student understands the rules in the new TRICARE region pertaining to pre-authorization for care. Failure to abide by these rules, which can vary from region-to-region, could result in point of service charges.

For more information about transferring enrollment, please visit our website at <http://www.tricare.osd.mil> or contact your health benefits adviser in your local TRICARE region.

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Headline: TRICARE question and answer

From Bureau of Medicine and Surgery

Question: If I select a civilian network PCM, can I still use a MTF for routine health care services?

Answer: No, enrollees choosing a civilian Primary Care Manager must be referred to the military treatment facility for specialty and inpatient care by that Primary Care Manager. An enrollee who has chosen a civilian Primary Care Manager may, however, return for pharmacy, laboratory, radiology and other ancillary care they may require.

For more information visit the TRICARE web site at <http://www.tricare.osd.mil>.

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Headline: Healthwatch: Cancer screening is major step for cancer prevention

From TRICARE Management Activity

WASHINGTON -- Screening for cancer is examining people for early stages in the development of cancer even though they have

no symptoms. Scientists have studied patterns of cancer in the population to learn which people are more likely to get certain types of cancer. They have also studied what things around us and what things we do in our lives may cause cancer.

This information sometimes helps doctors recommend who should be screened for certain types of cancer, what types of screening tests people should have and how often these tests should be done. Not all screening tests are helpful for all people, and they often have risks. For this reason, scientists at the National Cancer Institute are studying many screening tests to find out how useful they are and to determine the relative benefits and harms.

If your doctor suggests certain cancer screening tests as part of your health care plan, this does not mean he or she thinks you have cancer. Screening tests are done when you have no symptoms. Because decisions about screening can be difficult, you may want to discuss them with your doctor and ask questions about the potential benefits and risks of screening tests.

If your doctor suspects that you may have cancer, he or she will order certain tests to see whether you do. These are called diagnostic tests. Some tests are used for diagnostic purposes, but are not suitable for screening people who have no symptoms.

Screening for colorectal cancer:

Cancer of the colon or rectum is often called colorectal cancer. The colon and the rectum are part of the large intestine, which is part of the digestive system.

Colorectal cancer is the second leading cause of death from cancer in the United States. It is common in both men and women; men are more likely to get rectal cancer. The number of colorectal cancer cases is decreasing each year. In addition, fewer deaths are resulting from colorectal cancer. You can talk to your doctor about whether you should have the screening tests described later in this summary.

Anything that increases a person's chance of developing a disease is called a risk factor. Some of these risk factors for colorectal cancer are:

- Age - The risk of developing colorectal cancer rises after age 50 years.

- Hereditary Conditions - You may have inherited a condition from your parents that puts you at a higher-than-average risk of developing colorectal cancer. For example, if you have a condition characterized by many polyps on the inner lining of the colon, you have a greater-than-average chance of developing colorectal cancer. Your doctor may ask you medical questions about your relatives and may perform some tests to see if you have any hereditary conditions that might increase your risk of colorectal cancer.

- Personal history of colorectal cancer - If you have already had colorectal cancer, you are more likely to develop colorectal cancer again.

- Family history - If your mother, father, brother, or sister had colorectal cancer or has had an adenoma diagnosed

before 60 years of age, you have a higher-than-average risk of developing colorectal cancer.

- Personal history of ovarian, endometrial, or breast cancer - If you have a history of these cancers, you have a higher-than-average risk of developing colorectal cancer.

- Personal history of chronic ulcerative colitis or Crohn's colitis - If you have longstanding chronic ulcerative colitis or Crohn's colitis, you have a higher- than-average risk of developing colorectal cancer.

The National Cancer Institute has booklets and other materials for patients, health professionals, and the public. These publications discuss types of cancer, methods of cancer treatment, coping with cancer, and clinical trials.

Some publications provide information on tests for cancer, cancer causes and prevention, cancer statistics and NCI research activities. NCI materials on these and other topics may be ordered online from the NCI publications locator service at <http://publications.nci.nih.gov> or by telephone from the Cancer Information Service at 1-800-4-CANCER.

There are other places with information about cancer treatment and services. A list of organizations and websites offering information and services for cancer patients and their families is available at

<http://cancernet.nci.nih.gov/cancerlinks.html>. or write to National Cancer Institute, Office of Cancer Communications  
31 Center Drive, MSC 2580, Bethesda, MD. 20892-2580

If you are at high risk for a certain type of cancer, you may want to think about taking part in a clinical trial. A clinical trial is a study to answer a scientific question, such as whether a certain drug or nutrient can prevent cancer or whether a method of finding cancer earlier can help people to live longer.

It may also ask whether one treatment is better than another. Trials are based on past studies and what has been learned in the laboratory. Each trial answers certain scientific questions in order to find new and better ways to help cancer patients and those who are at risk for cancer.

During clinical trials, information is collected about screening and prevention methods, new treatments, the risks involved with each, and how well they do or do not work. If a clinical trial shows that a new method is better than one currently being used, the new method may become "standard."

Listings of clinical trials are a part of PDQ, which is a database of the National Cancer Institute providing up-to-date information on cancer and its prevention, detection, treatment and supportive care. Many cancer doctors who take part in clinical trials are also listed in PDQ. PDQ is a service of the National Cancer Institute (NCI) for people with cancer and their families and for doctors, nurses, and other health care professionals. Visit the web page at <http://cancernet.nci.nih.gov/pdq.html>

The source of information for this article was the National Cancer Institute (CancerNet) web site at <http://cancernet.nci.nih.gov/index.html>.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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